

**Travel & Expense Account
Transmittal Sheet**

After Approval, Mail Receipts To

Parks and Recreation
P.O. Box 942896
Sacramento, CA 94296



Employee Name	COLEMAN, Ruth
Expense Dates	06/22/10-06/23/10
Total Expense Amount	418.40
Amount Due Employee	89.00
Form ID	TEA000698415

DIRECTIONS FOR SUBMISSION

1. *Attach the following receipts, and other appropriate documentation to this Transmittal Sheet.*

	Date	Expense Item	Amount	If not submitted - Explain
1)	06/22	Parking, Auto	50.00	
2)	06/23	Parking, Auto	15.00	

2. *Forward Transmittal Sheet and attached documentation through your approval process.*

EXPENSE EXCEPTION(S)

	Expense Rule	Exception	Response
1)	ER Department Policy #1	Receipt and travel itinerary required for this expense item.	

I have reviewed the following documents.

Approved by: _____
Original signed by
RUTH G. COLEMAN

Michael F HARRIS

Travel & Expense Account Summary

Employee Name Ruth COLEMAN
Expense Dates 06/22/10-06/23/10
Report Name June 2010 Travel

Request Total \$ 418.40
Direct Charge Total - 329.40
Travel Advances - 0.00
Net Due Employee = **89.00**

Trip Totals		
Trip/Expense Category	Trip Name	Total Amount
Regular Travel	Coke/Stater Bro	368.40
Regular Travel	Fort Ross	50.00

NOTE: (d)=Direct Charge

DATE	Tue Jun 22									TOTAL
Parking, Auto	50.00									50.00
TOTALS \$	50.00									50.00

DATE	Wed Jun 23									TOTAL
Breakfast	6.00									6.00
Dinner	18.00									18.00
Parking, Auto	15.00									15.00
Commercial Air Fare (d)	329.40									329.40
TOTALS \$	368.40									368.40